

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

NOV 30 1935

37184

1. PLACE OF DEATH

County St. Genevieve
Township Saline
City St. Genevieve (No.)

Registration District No. 783
Primary Registration District No. 6028

File No.
Registered No.
St. Ward

2. FULL NAME

Flora Etta Barron

(a) Residence, No. Coffman Ave. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Walter Barron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 20, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co Mo.

13. NAME Emanuel Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Jane Christman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Walter Barron (ADDRESS) Coffman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mayberry cemetery DATE 11-18-35

19. UNDERTAKER Chas. Richardson (ADDRESS) Garmin St. Vaugh

20. FILED 11/25 1935 - Wm. H. A. Vaugh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-35

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1935 to Nov 16 1935

I last saw her alive on Nov 16 19 . Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia
Left lower lobe

Other contributory causes of importance:

Name of operation Clam Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. Applegate, M. D.
(Address) Garmin St. Vaugh

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

